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2017 DEC 21 PM 6: 01,
SECRETARY OF STATE

K. SALY DEC 21 2017

COVER LETTER

TO: Registration Section Division of Corporations							
Addicted To Travel, LLC							
SUBJECT: Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this r	matter to the following:						
Stacey C Schwartz							
Name of Person							
Addicted To Travel, LLC							
Firm/Company							
1749 NE Miami Court Apt 503							
Address							
Miami, FL 33132							
City/State and Zip Code							
scsdesign1@gmail.com							
E-mail address: (to be used for future annua	al report notification)						
For further information concerning this matter, pl	lease call:						
Stacey C Schwartz	954 401-2646 at ()						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						
INHS18 (2/14)							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Ma	me of the limited liability company:	ravel, L	.LC		
. iva . (a)	1749 NE Miami Court Apt 503 Miami FL 3313	32 (b	1749 NE		Apt 503 Miami FL 3
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	,	Mailing address of lin	nited liability company: POST OFFICE BOX)
	January 3, 2017			000001312	
	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Document numb	per
(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	_ e:	
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET	ADDRESS	2	-	2017 TAI
	TALLAHASSEE FL	32301		-	ESPECT TO THE STATE OF THE STAT
(b)	Enter name of NEW Registered Agent and/or NEW Registered	-		-	C 21 PM
	Enter name of NEW Registered Agent and/or NEW Registered STACEY C SCHWARTZ	Office add	<u>iress</u> :		2011 DEC 21 PM 6: 04 SECRETARY OF STATE TALLAHASSET. FLORIDA
	NEW Registered Office Address: 1749 NE Miami Court Apt 503			-	9
	Miami, FI.	33132			
e cha ent v as/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of clerkof organization or the operating agreement of the	vs of the the regisability confitted limited l	stered office ompany, it is sited liabilit	e and the business s hereby confirme y company or as a npany.	s office of the registered ed that the change(s)
Signal	of a number or authorized representative of a member			Printed or typed na	me of signee
herei ovisi obl mere tifie	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I I myriting of this change.	ree to act perform d for in (hereby co	in this cap ance of my Chapter 603 onfirm that	acity. I further a duties, and I am j 5, F.S. Or, if this the limited liabil.	gree to comply with the familiar with and accep document is being filed ity company has been
्राह्मातर्ग विभावस्त	re of Registered Agent				